|  |  |
| --- | --- |
| **Record Management** | |
| Client ID: | &CLTCAS& |
| Grant ID: | SM83212C |
| Site ID: | HS-DS |
| Assessment Type: | &CLTASM13810& |
| Enter the month and year when the consumer first received services under the grant for THIS Episode of Care: | &CLTASM13811& |
| Which 6-month reassessment is this (06 for 6-month, 12 for 12-month, 18 for 18-month, etc.): | &CLTASM13812& |
| When was the interview conducted? | &CLTASM13814& |
| Why was the interview not conducted? | &CLTASM13815& |
| Diagnoses: | &CLTDGNDS5& |
| **Section A: Demographic Data** | |
| What is your/your child’s gender? | &CLTASM13816& |
| Specify the 'Other' gender: | &CLTASM13817& |
| Are you/is your child Hispanic or Latino? | &CLTASM13818& |
| Which ethnic group(s) do you consider yourself/your child? | &CLTASM13819& |
| Specify the 'Other' Hispanic/Latino ethnic Group: | &CLTASM13820& |
| American Indian (or Alaska Native) | &CLTASM937& |
| * Native American/Alaska Native Specifier | &CLTASM13992& |
| Asian | &CLTASM938& |
| Black or African-American | &CLTASM939& |
| Native Hawaiian or other Pacific Islander | &CLTASM940& |
| White | &CLTASM941& |
| Birth Month/Year | &CLTBMM&/&CLTBYR& |
| **Section B: Functioning** | |
| How would you rate your/your child’s overall health right now? | &CLTASM13823& |
| **Over the past 30 days:** | |
| * I am/my child is handling daily life. | &CLTASM13971& |
| * I get/my child gets along with family members. | &CLTASM13829& |
| * I get/my child gets along with friends and other people. | &CLTASM13972& |
| * I do/my child does well in school and/or work. | &CLTASM13831& |
| * I am/my child is able to cope when things go wrong. | &CLTASM13973& |
| * I am satisfied with our family life right now. | &CLTASM13974& |
| **Over the past 30 days, how often did you feel . . .** | |
| * Nervous? | &CLTASM13835& |
| * Hopeless? | &CLTASM13836& |
| * Restless or fidgety? | &CLTASM13837& |
| * So depressed that nothing could cheer you up? | &CLTASM13838& |
| * That everything was an effort? | &CLTASM13839& |
| * Worthless? | &CLTASM13840& |
| **In the past 30 days, how often have you used:** | |
| * Tobacco products (cigarettes, chewing tobacco, cigars, etc.)? | &CLTASM13850& |
| * Alcoholic beverages (beer, wine, liquor, etc.)? | &CLTASM13851& |
| * 5 or more drinks if male OR 4 or more drinks if not male? [Clarify if needed: a standard alcoholic beverage, e.g. 12 oz beer, 5 oz wine, 1.5 oz liquor.] | &CLTASM13852& |
| * Cannabis (marijuana, pot, grass, hash, etc.)? | &CLTASM13853& |
| * Cocaine (coke, crack, etc.)? | &CLTASM13854& |
| * Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? | &CLTASM13855& |
| * Methamphetamine (speed, crystal meth, ice, etc.)? | &CLTASM13856& |
| * Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? | &CLTASM13857& |
| * Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? | &CLTASM13858& |
| * Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? | &CLTASM13859& |
| * Street opioids (heroin, opium, etc.)? | &CLTASM13860& |
| * Prescription opioids (fentanyl, oxycodone, [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? | &CLTASM13861& |
| * Other (e-cigarettes, etc.)? | &CLTASM13862& |
| * Specify 'Other' substance used: | &CLTASM13863& |
| **Section B: Military Family and Deployment** | |
| Have you ever served in the Armed forces, Reserves, or National Guard? | &CLTASM13864& |
| Is anyone in your family or someone close to you currently serving on active duty or retired/separated from the Armed Forces, Reserves, or National Guard? | &CLTASM13870& |
| **Section C: Stability in Housing** | |
| **In the past 30 days, have you/your child been:** | |
| * Homeless? | &CLTASM13879& |
| How many of the past 30 nights have you/your child been homeless? | &CLTASM13880& |
| * Hospitalized for mental health care? | &CLTASM13881& |
| How many of the past 30 nights have you/your child spent in a hospital for mental health care? | &CLTASM13882& |
| * In a facility for detox/inpatient or residential substance abuse treatment? | &CLTASM13883& |
| How many of the past 30 nights have you/your child spent in a facility for detox/inpatient or residential substance abuse treatment? | &CLTASM13884& |
| * In a correctional facility including jail, prison, and juvenile detention? | &CLTASM13885& |
| How many of the past 30 nights have you/your child spent in a correctional facility? | &CLTASM13886& |
| Add together the number of nights the client has been homeless, hospitalized for mental health care, in a facility for detox/inpatient or residential substance abuse treatment, and in a correctional facility in the past 30 days. [This number cannot exceed 30] | &CLTASM13887& |
| Did the client report spending 16 or more nights in any ONE (not total) of the following categories: homeless. hospitalized for mental health. in a facility for substance abuse. OR in a correctional facility? | &CLTASM13890& |
| In the past 30 days, have you/has your child gone to an emergency room for a psychiatric or emotional problem? | &CLTASM13888& |
| How many times have you/has your child gone to an emergency room for a psychiatric or emotional problem in the past 30 days? | &CLTASM13889& |
| In the past 30 days, where have you/has your child been living most of the time? [Do not read the response options to the consumer] | &CLTASM13891& |
| Specify the 'Other' housing: | &CLTASM13892& |
| **Section D: Education and Employment** | |
| During the past 30 days of school, how many days were you/your child absent for any reason? | &CLTASM13975& |
| How many were unexcused absences? | &CLTASM13976& |
| What is the highest level of education you have/your child has finished, whether or not a degree was received? | &CLTASM13902& |
| **Section E: Crime and Criminal Justice Status** | |
| In the past 30 days, have you/has your child been arrested? | &CLTASM13910& |
| How many times have you/has your child been arrested in the past 30 days? | &CLTASM13911& |
| **Section F: Perception of Care** | |
| **During the past 30 days:** | |
| * Staff here treated me with respect. | &CLTASM13977& |
| * Staff respected my family’s religious/spiritual beliefs. | &CLTASM13978& |
| * Staff spoke with me in a way that I understood. | &CLTASM13979& |
| * Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.). | &CLTASM13920& |
| * I helped choose my/my child’s services. | &CLTASM13980& |
| * I helped choose my/my child’s treatment goals. | &CLTASM13981& |
| * I participated in my/my child’s treatment. | &CLTASM13982& |
| * Overall, I am satisfied with the services I/my child received. | &CLTASM13983& |
| * The people helping me/my child stuck with me/us no matter what. | &CLTASM13984& |
| * I felt I had/my child had someone to talk to when I/my child was troubled. | &CLTASM13985& |
| * The services I/my child and/or family received were right for me/us. | &CLTASM13986& |
| * I/my family got the help I/we wanted [for my child]. | &CLTASM13987& |
| * I/my family got as much help as I/we needed [for my child]. | &CLTASM13988& |
| Indicate who administered Section F (Perception of Care) to the respondent for this interview? | &CLTASM13928& |
| Specify the 'Other' person who administered Section F (Perception of Care): | &CLTASM13929& |
| **Section G: Social Connectedness** | |
| **Indicate your level of agreement/disagreement with the following statements regarding interpersonal relationships over the past 30 days. [Excluding mental health provider(s)]** | |
| * I know people who will listen and undertand me when I need to talk. | &CLTASM13989& |
| * I have people that I am comfortable talking with about my/my child’s problems. | &CLTASM13990& |
| * In a crisis, I would have the support I need from family or friends. | &CLTASM13935& |
| * I have people with whom I can do enjoyable things. | &CLTASM13991& |
| **Section H: Program-Specific Health Items** | |
| Client Vitals: | &CLTVITALS& |
| **Section I: Reassessment Status** | |
| Have you or other grant staff had contact with the consumer within 90 days of the last encounter? | &CLTASM13939& |
| Is the consumer still receiving services from your project? | &CLTASM13940& |
| **Section J: Clinical Discharge Status** | |
| Enter the month and year when the consumer was discharged: | &CLTASM13942& |
| What is the consumer's discharge status? | &CLTASM13943& |
| Specify the 'Other' discharge status: | &CLTASM13944& |
| **Section K: Services Received** | |
| Enter the month and year of the date the consumer last received services: | &CLTASM13946& |
| **Identify all of the CORE SERVICES your project provided to the consumer SINCE HIS/HER LAST NOMS INTERVIEW: [This includes CMHS-funded and non-CMHS-funded services]** | |
| * Screening | &CLTASM13948& |
| * Assessment | &CLTASM13949& |
| * Treatment Planning or Review | &CLTASM13950& |
| * Psychopharmacological Services | &CLTASM13951& |
| * Mental Health Services | &CLTASM13952& |
| Estimate how frequently Mental Health Services were delivered: | &CLTASM13953& |
| How many times Mental Health Services were delivered within that frequency? [Per day/week/month/year] | &CLTASM13954& |
| * Co-occurring Services | &CLTASM13955& |
| * Case Management | &CLTASM13956& |
| * Trauma-specific Services | &CLTASM13957& |
| Was the consumer referred to another provider for any of the above CORE SERVICES? | &CLTASM13958& |
| **Identify all of the SUPPORT SERVICES your project provided to the consumer SINCE HIS/HER LAST NOMS INTERVIEW: [This includes CMHS-funded and non-CMHS-funded services]** | |
| * Medical Care | &CLTASM13960& |
| * Employment Services | &CLTASM13961& |
| * Family Services | &CLTASM13962& |
| * Child Care | &CLTASM13963& |
| * Transportation | &CLTASM13964& |
| * Education Services | &CLTASM13965& |
| * Housing Support | &CLTASM13966& |
| * Social Recreational Activities | &CLTASM13967& |
| * Consumer-operated Services | &CLTASM13968& |
| * HIV Testing | &CLTASM13969& |
| Was the consumer referred to another provider for any of the above SUPPORT SERVICES? | &CLTASM13970& |
| **Provider’s Signature** | |
| &stfconsentx& | |